

Utah Department of Health, Bureau of Child Care Licensing
Staff Record Form

Center Name:

Center Address:

Date Review Completed:

Date of last Announced Inspection:

Please follow the attached instructions when completing this form. List all owners, employees, volunteers, and members of your governing board (if you have one). In order for your license to be renewed, this form must be accurately completed before your Announced Inspection takes place. Your Licensing Specialist will collect this completed form as part of your Announced Inspection.

	1. First Name	2. Middle Initial	3. Last Name	4. Start Date (first <u>paid</u> date, if <u>new</u> since last Announced Inspection) (mm/dd/yyyy)	5. Position(s) (Owner, Director, Assistant Director, Caregiver, Cook, Driver, Custodian, Volunteer, Board Member, or Other)	6. Assigned Class or Group (For Caregivers only. Include ages of children in the group.)	7. Date Initial CBS MIS Form Sent to the Bureau (if new since last Announced Inspection) (mm/dd/yyyy)	8. Negative TB Test Date (if <u>new</u> employee since last Announced Inspection) (mm/dd/yyyy)	9. Listed on current CBS MIS Renewal Form & Disclosure Statement?
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